

CLAIMS ONLY.

Application Number

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
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46						
47						
48						
49						
50						
Total						
Indep						
Total						
Depend.						
Total						
Claims						

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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95						
96						
97						
98						
99						
100						
Total						
Indep	4					
Total	53					
Depend						
Total	57					
Claims						